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Bib Data Sheet

CONFIRMATION NO. 4379

|  |   |                                  |   |                                       |
|--|---|----------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/024,199   | <b>FILING DATE</b><br>12/21/2001<br><b>RULE</b>   | <b>CLASS</b><br>424              | <b>GROUP ART UNIT</b><br>1619   | <b>ATTORNEY DOCKET NO.</b><br>2818-72 |
| <b>APPLICANTS</b><br>Claudio De Simone, Ardea, ITALY;  |   |                                  |   |                                       |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CON OF PCT/IT00/00251 06/16/2000 <i>yes</i>   |   |                                  |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b><br>ITALY RM99A000400 06/21/1999 <i>yes</i>  |   |                                  |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 01/24/2002  |   |                                  |   |                                       |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>ITALY | <b>SHEETS DRAWING</b>   | <b>TOTAL CLAIMS</b><br>18             |
| Verified and Acknowledged<br>Examiner's Signature <i>Steen</i> Initials  |   |                                  |   | <b>INDEPENDENT CLAIMS</b><br>2        |
| <b>ADDRESS</b><br>NIXON & VANDERHYE P.C.<br>8th Floor<br>1100 North Glebe Rd.<br>Arlington, VA 22201-4714  |   |                                  |   |                                       |
| <b>TITLE</b><br>Combination of lactic acid bacteria and its use for the prevention and/or treatment of infections and inflammatory conditions  |   |                                  |   |                                       |
| <b>FILING FEE RECEIVED</b><br>740  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |